

## Security Services Orientation Acknowledgement

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Online Orientation Completion Checklist

Use this checklist to ensure your required documents are complete. Initial each line and sign where indicated. Present all certificates and this checklist to your site captain and/or supervisor

\_\_\_\_\_ **Broward Health Security Orientation (completion certificate)**

\_\_\_\_\_ **Risk Management Module (completion certificate)**

\_\_\_\_\_ **Corporate Compliance Bundle (completion of 2 completion certificates)**

- General Compliance Training
- Code of Conduct

\_\_\_\_\_ Forensic Policy Acknowledgment

\_\_\_\_\_ Preventing and Reporting Harassment

\_\_\_\_\_ Caring for Challenging Patients

\_\_\_\_\_ Appearance Standards Policy Acknowledgment

\_\_\_\_\_ Signed Data Security Form

\_\_\_\_\_ By initialing and signing this form, I understand and acknowledge completion of all items in the Health Security Orientation Program and/or materials. I also understand that it is my responsibility to comply with the policies and guidelines that have been covered in the Broward Health Orientation

Print

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### FOR SECURITY SITE LIEUTENANT/SUPERVISOR ONLY

I have validated the completion of all required orientation documents and will maintain these orientation records upon hire and annually for each security guard and or subcontracted security officer.

Print

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_